

Injury Prevention Advisory Council (IPAC) Meeting
 Indiana State Department of Health
 2 North Meridian St., Indianapolis, IN –Rice Auditorium
 June 12, 2014- 1 pm EST to 3 pm EST

In person:	
Carrie Malone, Terre Haute Regional Hospital	Joan Duwve, ISDH/ IU Fairbanks SPH
Steven Lacey, IU Fairbanks SPH	Paul Halverson, IU Fairbanks SPH
Dawn Sullivan Wright, Community	Jacob Kean, VA/IUSM
Jody Yoder, IUSM, Safe Kids	Regina Nuseibeh, FSEH Lafayette East
Karen Terrell, St. Vincent	Gretchen Huffman, EMS for Children
Jennifer Walthall, IUSM	Elizabeth Weinstein, EMSC/IUEM/IEMS
Gretchen Martin, ISDH	Laura Chavez, ISDH
Katie Gatz, ISDH	Camry Hess, ISDH
Murray Lawry, ISDH	Jessica Skiba, ISDH
Art Logsdon, ISDH	
On the phone:	
Amanda Rardon, IU Health Arnett	Lana Seibert, St. Mary's Medical Center
Michelle Moore, St. Vincent Anderson	Lesley Lopossa, IU Health Bloomington
Bekah Dillon- IU Health Ball Memorial	Lindsey Williams, IU Health Bloomington
Mary Raley, St. Mary's Medical Center	Wendy St. John, Eskenazi Health
Jennifer Homan, Franciscan Alliance	Kelly Mills, Union Hospital

Injury Prevention Updates from IPAC Members

-Steven Lacey, Department Chair of Environmental Health Sciences at the IU Fairbanks School of Public Health: Focus on Occupational Injury, new to IPAC

-Dawn Sullivan Wright, Community Health Network: Currently working on getting verified

-Carrie Malone, Terre Haute Regional Hospital: Focusing on drunk driving, distracted driving, and falls prevention

-Gretchen Martin, Child Fatality Review Program Coordinator at ISDH: Working to establish local child fatality review teams in every county, now up to 81 teams.

-Jacob Kean, research science at VA, professor at IUSM: Spinal cord and brain injury focus, new to IPAC

-Laura Chavez, ISDH –New Director of the Office of Women's Health at ISDH: Working on women's health initiatives, new to IPAC

-Jody Yoder, IU School of Medicine, Safe Kids: Working to prevent heatstroke deaths in cars- Jody reports 10 kids have already died due to heatstroke in cars; focusing on motor vehicle safety for “tweens” ages 8-12 years. Indiana has 12 counties with Safe Kids programs, but looking to expand. Contact Jody if you are interested in bringing the program for your area.

-Wendy St. John, Eskenazi Health: Working in violence prevention programing, Prescription for Hope, working with IMPD on penetrating injuries/violence in the city; safe driving program, focus on adult patients

-Amanda Rardon, IU Health Arnett: Outreach for elderly with Society of Trauma Nurses; home safety and fall prevention; pedestrian and driving safety; Every 15 minute program with high school students; funding for bicycle and equestrian helmets from IU Health Arnett Foundation.

-Mary Raley & Lana Seibert, St. Mary’s Medical Center: Bicycle helmet safety events; Streets Alive event; Evansville Police Department with bicycle helmet program; older adult programs: Driver safety, fall prevention.

-Michelle Moore, St. Vincent Anderson Regional Hospital: Focus on texting and driving with HS kids; bicycle safety; distracted driving, new to IPAC.

-Lesley Lopossa & Lindsey Williams, IU Health Bloomington: Bike safety, bike rodeos, bicycle helmets with school corporations; injury prevention with falls in elderly.

-Karen Terrell, Peyton Manning’s Children’s at St. Vincent: new to IPAC

-Regina Nuseibah, Franciscan St. Elizabeth Lafayette: Wellness fair for sports injuries and prevention; family fun fair for bike safety and helmets; falls prevention in nursing homes.

Update from the ISDH

-State Heroin/Prescription Opioid Mortality Study update: Indiana participated in the CDC study of heroin & prescription opioid deaths from 2008-2012. The CDC gave an update that the analysis and state data compilation is complete. An MMWR article will be released once the states have been able to review the document. This article will be shared with the group once published. In Indiana, the total drug overdose deaths went from 787 in 2008 to 960 in 2012. The overdose deaths due to heroin doubled from 2008 to 2012.

-The Injuries in Indiana report includes ED visits, hospital admissions, and death data from injuries occurring in 2007-2010, and is being reviewed by the ISDH Office of Public Affairs. It should be released soon. This report will be shared with the group once published.

-The Division of Trauma and Injury Prevention is pursuing the Collecting Violent Death Information Using the National Violent Death Reporting System funding opportunity. The funding is for five years, and will support 29 state surveillance systems. The purpose of the grant is to create and implement a plan to collect and disseminate accurate, timely, and

comprehensive surveillance data on violent deaths (suicide, homicide, undetermined intent, and unintentional firearm death) to understand the circumstances of violent death for prevention activities. The grant application is due June 24.

- The Division of Trauma and Injury Prevention, in conjunction with the Indiana Pharmacy Board and IU Fairbanks School of Public Health, is pursuing the Prescription Drug Overdose- Boost for State Prevention funding opportunity. The funding supports two main activities: 1) enhancing and maximizing the prescription drug monitoring program, INSPECT; and 2) evaluating laws, policies, and regulations implemented in Indiana. The application was submitted on June 4.

Dr. Jennifer Walthall: ATV Presentation

Dr. Jennifer Walthall from Riley Hospital for Children gave a presentation on her ATV project. The project was a collaborative effort among the IU School of Medicine, ISDH, Center for Urban Health, Herron School of Art and Design, and Jay's Auto World. Rural injuries are on the rise, and children are disproportionately affected. Current policy recommendations include prohibiting use of ATVs by children less than 16 years of age, but young children are still riding and suffering severe injuries and even death. Dr. Walthall discussed the developmental milestones and whether those were sufficient for operating an ATV. The program's proposal includes: engaging rural critical access communities regarding ATV safety and use; pilot an injury surveillance system for ATV-related injury in rural settings; describe factors influencing ATV injury in children; develop an approach to reducing ATV-related injuries among children in rural areas in conjunction with the community and area critical access hospitals; and develop and implement a summer "Safe ATVs" program.

Dr. Walthall explained some of the challenges of beginning an ATV safety program, including disconnects in the population, problem, culture, and worldview. To address these issues, the program focused on messaging and behavioral change theory, which included qualitative cornhole. The first phase of the project started at the Sullivan County Night Out. The Rough Riders All-Terrain Experience had a "Passport to ATV Safety" with four stations for children to complete in order to receive a \$25 voucher to spend on a helmet at Jays Auto World. Participants at the event were between the ages of three and 20 years, 56% had driven an ATV, and of those, 50% started when they were under the age of six. 40% reported having seen or heard something about ATV safety in the past year, and 44% reported they had heard that ATVs are not meant to carry passengers. The second phase of the study will begin in the fall. The phase is the GIS component and will use track stick devices to follow ATV riders to see how ATVs are driven and conditions children face.

Q& A Session with Dr. Walthall:

-Is there a way to follow what you are doing?

Dr. Walthall, No, there hasn't been a social media launch. But we were invited back to do this event in other areas. I can share those opportunities with this group.

-Dr. Duwve: What information will you get with the track sticks?

Dr. Walthall: The track sticks monitor speed (forward and axial speed, Rolls, tips, near tips), terrain (via satellite link- hills, rivers, paved roads, trees will be seen), weather

(from other layers), time of day (dusk, dawn, mid-day). This information will be paired with the developmental assessment and age of the kids for a recommendation.

-Dr. Duwve: How many kids were enrolled?

Dr. Walthall: 52 completed the course. 250 engaged in some part of the process. 25 families will be part of the next phase with the track sticks.

-How do we get this to more places?

Dr. Walthall: This is the easiest project to export. The resources are there to share. What is needed is a personal connection to each community.

-Dr. Duwve: How do you assess the educational impact?

Dr. Walthall: We need to think about this. Do we hang on to all the contact information for each person that went through the program?

IPAC Terms of Reference & Future of IPAC Discussion

Article 1: Name, Vision, and Mission:

The IPAC agreed the vision and mission were sufficient and should be maintained.

Article 2: Membership, Responsibilities & Voting

Section 1: Membership:

While the membership has been increasing, there are still gaps to fill:

Potential new members (in no particular order):

- Indiana Farm Bureau Insurance
- INDOT/ highway safety
- Business interests in IPAC
- IOSHA
- Nursing Home Association
- CICOA
- Indiana Coalition Against Domestic Violence (ICADV)
- Minority groups such as MESA, 12 point coalition
- IN Rural Health Association
- Patient Safety Coalition
- MADD group
- Parish Nurses (focus on falls prevention)/ IN Center for Parish Nurses/ University of Indy & Indiana Wesleyan have programs for parish nurses
- Emergency Nurses Association
- Department of Education (safety advocate, prevent child sexual abuse)
- Coroners, Indiana State Coroners Training Board
- National Association of Medical Examiners (NAMES)
- Media Contacts, such as Office of Public Affairs at ISDH
- Legislative member
- Ombudsmen for communities – elder abuse
- Nurse family partners
- Local Health Department representatives
- Department of Aging Representative
- Lay representatives or those affected by injuries

It was suggested to create a master list of everyone who is IPAC related to find areas of opportunity for new membership. It may help to see what groups or perspectives are missing. The site visit from 6 years ago may provide additional assistance. Older IPAC membership lists

may indicate who used to come to meetings and who should be invited back. It was also suggested to make a calendar for injury prevention activities and educational opportunities.

The conversation moved to discussing if there is a role in this group for an injury prevention budget. The ISDH established a foundation, where money can be donated and earmarked for a specific purpose, such as injury prevention. Katie mentioned that in the Executive Order for the Indiana State Trauma Care Committee (ISTCC), there is a part that says there is a trauma care fund. We are still investigating how this fund functions.

Article 6: Deliverables

The deliverable as it stands indicates creating an Injury Prevention Strategic Plan. The ISTCC currently has a Trauma System Planning Subcommittee working on a trauma system plan that includes injury prevention. It was discussed whether the ISTCC would lead the discussion with input from IPAC or if IPAC would lead the discussion with input from the ISTCC. The actual state plan will be assembled by the ISDH, but through guidance from the ISTCC subcommittee. It is important to make sure the TCC vision for the injury prevention section aligns with IPAC's vision. Because the first meeting for the ISTCC subcommittee is scheduled for June 18, we will discuss the potential for IPAC to provide input and propose its own plan to the ISTCC. IPAC may form its own subcommittee to handle the state plan.

Article 2: Membership, Responsibilities & Voting

Section 2: Member responsibilities

The group decided these responsibilities were adequate. If we want to form a subcommittee for the state plan, we could add that here.

Section 3: Voting

This section is adequate.

Article 3: Purpose, Goals & Objectives

Section 1: Purpose

We could add geospatial mapping to help visualize the strategic plan.

Section 2: Goals

For the goals, is improving the e-code coding still relevant when we move to ICD-10? The e-code was included as part of previous goals, and still may be relevant.

It was discussed that there is a need for a repository for injury prevention information, such as a toolkit or mentoring program. This repository will help facilities and organizations know where to go for injury prevention information, especially for facilities that are becoming trauma centers. IPAC could host an injury prevention conference, dubbed injury prevention 101, with topics such as where do you get data, what programs are working well, how do you go about setting up an injury prevention program, etc. Dr. Duwve mentioned the ISDH indicators website, which could provide information to assist with data collection, although it may be outdated. Jessica mentioned that Champ Thomaskutty, the Director of the Chronic Disease

Division at ISDH, asked her to assist in updating this website with injury data. There a big opportunity for IPAC to focus on underserved populations.

Jody Yoder mentioned her organization hosts an IP conference, typically with an MVC focus in June. IPAC could work with her to create a joint conference. Dr. Duwve shared the idea to do a conference with MIPA (Midwest Injury Prevention Alliance) and host in Indianapolis. The 2014 meeting is in Chicago.

Section 3: Objectives

This section is adequate.

Article 4: Scope & Boundaries

This section is adequate.

Article 5: Authority

It was suggested to change the language in regards to the 'Independent' status. There was discussion about reconsidering having the chair not be from ISDH to make IPAC more independent, but the ISDH has the capacity to handle the responsibilities of IPAC.

Upcoming Events and Activities in Injury Prevention

-Fireworks Injury Reporting Form: All hospitals, medical facilities, and private medical practices are mandated to report all fireworks injuries and deaths to ISDH to be published in an annual report. Fireworks Injury Reporting Form: <http://www.state.in.us/isdh/19042.htm#Fireworks>

Fax: 317-233-8199 Attn: Injury Prevention Epidemiologist

Mail: Indiana State Department of Health
2 N Meridian St
Indianapolis, IN 46204

-June is National Safety Month

-The National Center on Elder Abuse's World Elder Abuse Awareness Day is **June 15, 2014**

- Pool Safety Information and Resources: Reducing Child Drownings, Near-Drownings, Submersions, and Entrapment Incidents in Swimming Pools and Spas Webinar on **Wednesday, June 18 from 2-3 p.m. EST**, hosted by the Children's Safety Network

-Prevent Child Injury Tool-kit released for use and promotion during the week of **June 23-27**. The theme is "Child injury is predictable, preventable, and personal—everyone can do something to keep children safe"

-Webinar for Web-based Injury Statistics Query and Reporting System (WISQARS) interactive tour on **Wednesday, June 25, 2014 from 1-2:30 p.m. EST**. You can register here: http://www.safestates.org/events/event_details.asp?id=416064

-The 2011 National Mortality File was released on June 17th

-Motor Vehicle Webinar set for **Thursday, July 24 from 3-4 p.m. EST**, hosted by the Maryland Department of Health & Mental Hygiene. More Information to come

2014 IPAC meeting dates in Rice Auditorium:

Wednesday, September 10: 10 am-12 pm EST

Thursday, November 20: 1 pm-3 pm EST

Action items for ISDH:

- Send the Riley the fireworks injury reporting slide/information
- Send out Dr. Walthall's presentation
- Update and send out Terms of Reference
- Create master list of everyone who is in IPAC to find areas of opportunity for new members
- Calendar of Injury Prevention Activities
- Find representatives from suggested organizations
- State plan discussion at Indiana State Trauma Care Committee Subcommittee for State